

**DECLARATION
Utility Application**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled NAALADASE INHIBITORS FOR TREATING RETINAL DISORDERS AND GLAUCOMA, the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.


Prior Foreign Application Number(s)	Country	Date of Filing	Priority Claimed	
			Yes	No

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date
60/207,320	May 30, 2000

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date	Status-Patented, Pending or Abandoned

201	FULL NAME OF INVENTOR	FIRST Name Barbara	MIDDLE Initial S.	LAST Name Slusher	
	RESIDENCE & CITIZENSHIP	City Kingsville	State or Foreign Country Maryland		Country of Citizenship United States
	POST OFFICE ADDRESS	Address 7424 Longfield Drive	City Kingsville	State or Country Maryland	Zip Code 21087
INVENTOR'S SIGNATURE  DATE <u>29 MAY 01</u>					

202	FULL NAME OF INVENTOR	FIRST Name Krystyna	MIDDLE Initial	LAST Name Wozniak	
	RESIDENCE & CITIZENSHIP	City Bel Air	State or Foreign Country Maryland	Country of Citizenship United States BRITAIN <i>KL</i>	
	POST OFFICE ADDRESS	Address 422 Fox Catcher Road	City Bel Air	State or Country Maryland	Zip Code 21015
INVENTOR'S SIGNATURE <i>KL</i> DATE <i>May 29 '01</i>					

**POWER OF ATTORNEY
By Assignee**

Guilford Pharmaceuticals Inc., assignee(s) of the application for United States Letters Patent for an improvement in

NAALADASE INHIBITORS FOR TREATING RETINAL DISORDERS AND GLAUCOMA
by SLUSHER et al.,

the specification of which:

☒ is filed herewith, OR
☐ was filed on _____, having U.S. Patent Application Serial No. _____,

does hereby appoint as my attorneys and/or agents, with full power of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefor before any competent International Authorities in connection with any international patent application(s) corresponding to the above-identified application, all of the registered practitioners identified by Customer Number 22249:



22249

PATENT TRADEMARK OFFICE

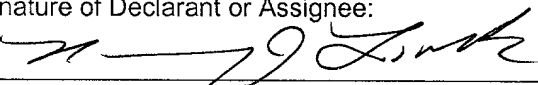
LYON & LYON LLP
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Los Angeles, CA 90071
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Please send all inquiries to Suet M. Chong, at the above Customer Number.

I, the undersigned, declare that I have reviewed copies of the documentary evidence establishing chain of title to the patent application identified above from the inventor(s) to the assignee(s), which:

☒ is filed for recordation herewith; or
☐ was recorded at Reel _____, Frame _____; or
☐ has been sent for recordation under separate cover, copy attached herewith.

To the best of the undersigned's knowledge and belief, title is in the assignee(s) identified above. Furthermore, the undersigned is empowered to sign this document on behalf of the assignee(s).

Full Name of Assignee: Guilford Pharmaceuticals Inc.	
Post Office Address: 6611 Tributary Street, Baltimore, Maryland 21224	
Signature of Declarant or Assignee: 	Date: 29 May 01
Full Name of Declarant If Other Than Assignee: Nancy J. Linck	
Title of Declarant: Senior Vice President, Intellectual Property and Deputy General Counsel	
Address of Declarant: 6611 Tributary Street, Baltimore, Maryland 21224	